

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 5987  
Registrar's No. 759

Registration District No. 299

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4215 South Benton /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 29 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Minnie Louella Mendenhall

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Divorced Widowed

6. (b) Name of husband or wife Mr. William A. Mendenhall 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased March 7 1860  
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 12 If less than one day hr. ---- min. ----

9. Birthplace Farmington Illinois /  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ----

12. Name William Hitchcock

13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Potter

15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Howard Flury

(b) Address 4215 So. Benton

17. (a) Burial (b) Date thereof Feb 21, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. H. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 2/21/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4215 South Benton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ---- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th  
year 1941 hour 3 minute 55 P. M.

21. I hereby certify that I attended the deceased from Feb 18, 1941,  
that I last saw h alive on, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
- Arterio sclerosis  
Coronary hemorrhage  
Due to Pericardial  
chronic pneumonia

Due to 830  
Other conditions  
(Include pregnancy within 3 months of death) 830

Major findings:  
Of operations 830  
Of autopsy 830

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) ----  
(b) Date of occurrence ----  
(c) Where did injury occur? (City or town) (County) (State) ----  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ----

While at work? (Specify type of place) (e) Means of injury ----  
23. Signature W. H. Newcomer (or D. or other) W. H. Newcomer  
Address 344 1/2nd ave Date signed 2/20/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

8/4 Medical Autopsy  
2:30-4:30

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Emile M. Calhoun*

Licensed Embalmer No.....

*3506*

P. O. Address.....

*1500 Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**